

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000193779

**Entity Name:** SW LEASING OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

3725 LEAFY WAY  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

3725 LEAFY WAY  
COCONUT GROVE, FL 33133 US

**FEI Number:** 81-4212613

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAPAYOWKER JET COUNSEL, P.A.  
600 N PINE ISLAND ROAD, STE. 350  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           STAMPS, E. ROE  
Address        3725 LEAFY WAY  
City-State-Zip: COCONUT GROVE FL 33133

Title           CFO  
Name           HOPFENBERG, DAVID  
Address        3725 LEAFY WAY  
City-State-Zip: COCONUT GROVE FL 33133

Title           MANAGER  
Name           WOODSUM, STEPHEN G  
Address        3725 LEAFY WAY  
City-State-Zip: COCONUT GROVE FL 33133

Title           AUTHORIZED MEMBER  
Name           SW MANAGEMENT COMPANY OF  
                  FLORIDA  
Address        3725 LEAFY WAY  
City-State-Zip: COCONUT GROVE FL 33133

Title           AUTHORIZED MEMBER  
Name           WOODSUM MANAGEMENT  
                  CORPORATION  
Address        3725 LEAFY WAY  
City-State-Zip: COCONUT GROVE FL 33133

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDWARD STAMPS

**MGR**

**03/18/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date